

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026219

03-19-2001 90049 040 ****35.00
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1. Entity Name
QUALITY FLOORING COMPANY

FILED

01 APR 10 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00055010

Principal Place of Business Mailing Address
400 WEST DUVAL ST. 400 WEST DUVAL ST.
LAKE CITY FL 32055 LAKE CITY FL 32055

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3634623 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOLSOM, LYNDIA M
548 CHANBRIDGES ROAD
JASPER FL 32052

Name RICHARD A. NIXON JR

Street Address (P.O. Box Number is Not Acceptable)
2926 Judy St.

City LAKE CITY FL Zip Code 32025

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/15/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME ADKINS, RON
STREET ADDRESS 3676 NEWSOME ROAD
CITY-STATE-ZIP VALDOSTA GA 31608 ☐ Delete

TITLE D
NAME ADKINS, RON
STREET ADDRESS 3676 NEWSOME ROAD
CITY-STATE-ZIP VALDOSTA GA 31608 ☐ Delete

TITLE
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TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* RON ADKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2-28-01 904-7548767
Date Daytime Phone #

CR2E034 (10/00)

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****115.00 ****115.00

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